

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

197

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 4-13-00

1 Supp
 ✓ # 3681
 #10
 KSD

1000944

1. NAME *McChesny* *Judy* MI
Last First

2. BUSINESS PHONE: *(225) 634 2190*

3. BUSINESS ADDRESS: *18 Dequard Trace* *The Bluffs LA* *70718*
Street and No. City State Zip

MAILING ADDRESS: *Same* *City* *State* *Zip*
Street and No. City State Zip

4. EMPLOYER: *McChesny and Associates Inc.*

5. EMPLOYER'S ADDRESS: *18 Dequard Trace* *The Bluffs LA* *70718*
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ... No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name: *National Association of Chain Drug Stores*
 Address: *8001 Six Forks Rd. Ste 400 Raleigh NC 27615*
 Business or purpose: *Trade Organization*

New Representation
 Does this person pay you? *NO*
 If No, who pays you? *Louisiana Retail Assoc*

Terminated Representation as of

HAND DELIVERED

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2. Name _____

Address _____

Business or purpose _____

New Representation
Does this person pay you?

If No, who pays you? _____

Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

New Representation
Does this person pay you?

If No, who pays you? _____

Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act (I.S.A.-R.S. 24:50 et seq.) has been deliberately omitted.

Judy Mc Cleary
Signature of Lobbyist